

61

AF/1761/15

**CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

Applicant(s):

Docket No.

DANI-0006USCON

Serial No.

08/796,305

Filing Date

February 7, 1997

Examiner

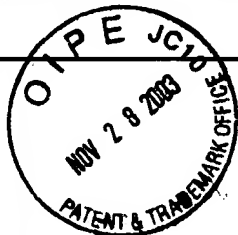
Tran Lient, T.

Group Art Unit

1761

Invention:

POLYEXTROSE AS ANTI-STALING AGENT

RECEIVED  
DEC 08 2003  
TC 1700

I hereby certify that this Request for Reconsideration, Notice of Appeal, Extension of Time,  
(Identify type of correspondence)

is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 26, 2003  
(Date)

Edna Schmittinger

(Typed or Printed Name of Person Mailing Correspondence)

(Signature of Person Mailing Correspondence)

Note: Each paper must have its own certificate of mailing.

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES (Large Entity)**

Docket No.  
**DANI-0006CON**

In Re Application Of: **KILIBWA**

Serial No.  
**08/796,305**

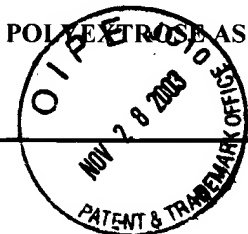
Filing Date  
**February 7, 1997**

Examiner  
**Tran Lien, T.**

Group Art Unit  
**1761**

Invention:

**POLYESTER AS ANTI-STALING AGENT.**



**RECEIVED  
DEC 08 2003  
TC 1700**

**TO THE COMMISSIONER FOR PATENTS:**

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated **05/27/03** finally rejecting Claim(s) **30-35,37-39 41-43,45-49,51-56,58, 59,61-63 and66-71**

The fee for this Notice of Appeal is: **\$330.00**

- ☒ A check in the amount of the fee is enclosed.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No.

Signature

Dated: **November 26, 2003**

12/03/2003 CNGUYEN 00000051 08796305

01 FC:1401

330.00 QP

cc:

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Signature of Person Mailing Correspondence

**EDNA SCHMITTINGER**

Typed or Printed Name of Person Mailing Correspondence

PETITION FOR EXTENSION OF TIME TO FILE  
NOTICE OF APPEAL (Large Entity)

Docket No.  
DANI-0006CON

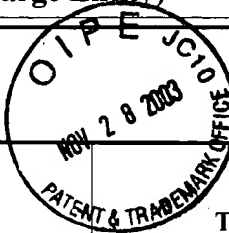
In Re Application Of: KILIBWA

Serial No.  
08/796,305

Filing Date  
February 7, 1997

Examiner  
Tran Lien, T.

Group Art Unit  
1761



RECEIVED  
DEC 08 2003  
TC 1700

Invention:

POLYESTROSE ND ANTI-STALING AGENT

TO THE COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of 05/27/03 in the above-identified application.  
Date

The requested extension is as follows (check time period desired):

☐ One month ☐ Two months ☒ Three months ☐ Four months ☐ Five months

from: 05/27/03 until: 11/27/03  
Date Date

The fee for the extension of time is \$950 and is to be paid as follows:

- ☒ A check in the amount of the fee is enclosed.  
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No.

Signature

Dated: November 26, 2003

12/08/2003 CNGUYEN 00000055 08796305

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920.00 OP

The PTO did not receive the following  
listed item(s) A check of \$950.00

we got only \$920.00

cc:

I certify that this document and fee is being deposited on Nov. 26, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature of Person Mailing Correspondence

EDNA SCHMITZ  
Typed or Printed Name of Person Mailing Correspondence

NOTICE OF FEE DUE

DATE: 12 03 03

TO: AF/1761

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER: 80796305

A fee is due for the attached document submitted to the U. S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorization to charge a deposit account. If an authorization is present, please charge the appropriate fee. If an authorization is not present, notify the applicant of the fee deficiency.

- ☐ Insufficient fee by check
- ☐ Insufficient funds in deposit account
- ☐ Declined credit card
- ☒ Non authorization for charge to deposit account
- ☐ No fee submitted per requirement

The correct fee code: \_\_\_\_\_ amount \$ \_\_\_\_\_

The suspended fee code: 197 amount - \$ \_\_\_\_\_

Fee Due amount =\$ \_\_\_\_\_

If you have any questions, please contact Cynthia Streater at 703-306-5430 or Eleanor Kurtz at 703-308-3642.

Terminal Operator CM